



**TRANSMITTAL
FORM**

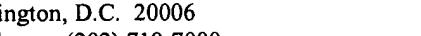
(to be used for all correspondence after initial filing)

 TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/734,513
		Filing Date December 12, 2003
		First Named Inventor Dennis MCGINN et al.
		Group Art Unit 3629
		Examiner Name Jamisue A. Webb
Total Number of Pages in This Submission	16	Attorney Docket Number 81911.0002

ENCLOSURES *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) 7 pages	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment (15 pages)	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition (\$ _____)	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request (\$ _____)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney to Prosecute Applications Before the USPTO	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input type="checkbox"/> Information Disclosure Statement (\$ _____)	<input type="checkbox"/> Terminal Disclaimer (\$ _____)	<input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$ _____)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	Remarks	
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<p>Floyd B. Chapman, Esq., Reg. No. 40,555 Wiley Rein & Fielding LLP Attn: Patent Administration 1776 K Street, N.W. Washington, D.C. 20006 Telephone: (202) 719-7000 Fax: (202) 719-7049</p>
Signature	
Date	March 10, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

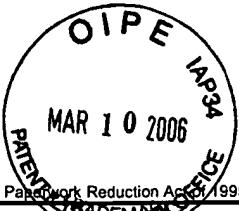
deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

Date

Signature

Typed or printed name



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Effective on 12/08/2004.

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 25.00)

Complete if Known

Application Number	10/734,513
Filing Date	December 12, 2003
First Named Inventor	Dennis MCGINN et al.
Examiner Name	Jamisue A. Webb
Art Unit	3629
Attorney Docket No.	81911.0002

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-1129 Deposit Account Name: Wiley Rein & Fielding LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of Credit any overpayments
 Fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues) 50 25
 Each independent claim over 3 (including Reissues) 200 100
 Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
56	- 55 = 1	x 25.00	= 25.00		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
4	- 4 = 0	x _____	= _____		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = /50	(round up to a whole number) x _____	= _____	
				Fees Paid (\$)

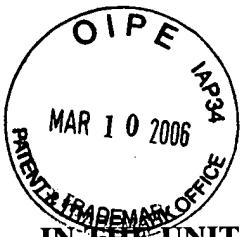
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<i>Floyd B Chapman</i>	Registration No. (Attorney/Agent)	40,555	Telephone	(202) 719-7000
Name (Print/Type)	Floyd B. Chapman			Date	March 10, 2006



Docket No.: 81911.0002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Applicant: Dennis MCGINN, et al.

Serial No.: 10/734,513 Confirmation No.: 1003

Filed: December 12, 2003 Art Group: 3629

For: VEHICLE ACTIVITY MODULE Examiner: Jamisue A. Webb

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to examination on the merits, please enter the following amendments to the claims.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper. Please cancel without prejudice claims 3, 7, 8, 19-22, 29-31, and 33-34. Please amend claims 2, 28, and 32 as indicated below.

Remarks begin on page 15 of this paper.

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